

REQUEST FOR MONTHLY VACCINES



1. Complete the "SHIP TO" address, date ordered, name and telephone number of person responsible for vaccine orders.
 2. Please enter the number of doses distributed out of your depot last month in the **"Doses Distributed Last Month"** column.
 3. Please enter the number of doses you currently have in your depot inventory in the **"Doses On Hand"** column.
 4. Enter the number of doses requested for each vaccine type in the **"Number of Doses Ordered"** column. Quantity shipped will be rounded up to the nearest shipping unit quantity.
 5. Mail or fax complete order form to the Immunization Program using the address or fax number listed.
- NOTE: Most vaccine orders will be shipped within five (5) working days after receiving the request. Vaccines are shipped Monday through Wednesday except when holidays conflict.

Mail or Fax Completed Request To:

Department of Health

Immunization Program

PO Box 47845

Olympia, WA 98504-7843

Telephone (360) 236-3481 Fax: (360) 236-3597

SHIP TO:						
SHIPPING ADDRESS:						
ORDERED BY:		TELEPHONE ()		DATE ORDERED		
VACCINE	DESCRIPTION	DISTRIBUTED LAST MONTH	DOSES ON HAND	VIAL SIZE (DOSES)	DOSES PER SHIPPING UNIT	NUMBER OF DOSES ORDERED
DT (Pediatric)	Diphtheria & Tetanus (children 6 years of age up to the 7th birthday with pertussis contraindication)			1	10	
DTaP	Diphtheria, Tetanus & acellular Pertussis (children 6 weeks of age up to the 7th birthday)			1	10	
HEP A - (Pediatric)	Hepatitis A Pediatric/Adolescent (children 2 years of age up to the 19th birthday)			1	10	
HEP B	Hepatitis B Pediatric/Adolescent (children at birth up to the 20th birthday)			1	10	
Hib	Haemophilus influenza type b Conjugate (children 6 weeks of age up to the 5th birthday)			1	5	
IPV	Enhanced Inactivated Polio Virus (Salk) (children 6 weeks of age up to the 19th birthday)			10	10	
MMR	Measles/Mumps/Rubella (children 12 months of age up to the 19th birthday or entering college)			1	10	
PCV7	Pneumococcal Conjugate 7-valent			1	5	
Td	Tetanus & Diphtheria			10	10	
VACCINE (High Risk/Special Use)	DESCRIPTION	DISTRIBUTED LAST MONTH	DOSES ON HAND	VIAL SIZE (DOSES)	DOSES PER SHIPPING UNIT	NUMBER OF DOSES ORDERED
INFLUENZA- Fluzone	Split Virus Influenza Vaccine (0.5 mL dose) (Oct-Mar only) (3 years up to the 19th birthday)			10	10	
INFLUENZA- PF	Fluzone Preservative Free Needleless Syringes (children 6 months up to 3rd birthday) (prefilled syringes, no needles)			1 (0.25 ml)	10	
PNEUMO 23	Pneumococcal Polysaccharide 23-valent (high risk children only, 2 years of age up to the 19th birthday)			1	10	